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## **OLR Bill Analysis**

**HB 5616**

### ***AN ACT CONCERNING AN ADVANCED DENTAL HYGIENE PRACTICE PILOT PROGRAM.***

#### **SUMMARY:**

This bill creates a pilot program in Bridgeport that allows a dental hygienist with an advanced degree who works in a “public health facility” to perform a broader scope of services than is otherwise allowed by law. The Department of Social Services (DSS) commissioner must, in consultation with the Public Health Department (DPH) commissioner, establish the program and coordinate services in participating facilities. DSS must develop payment rates for advanced hygienist services. The program must begin before January 2, 2014 and end by the following January 1.

EFFECTIVE DATE: Upon passage

#### **ADVANCED PRACTICE DENTAL HYGIENIST**

##### ***Scope of Practice***

Under current law, a dental hygienist can clean teeth and gums by scaling, root planning, and polishing; apply sealants; administer certain local anesthetics (after completing special course and clinical work); chart oral conditions; assess dental hygiene; plan treatments; and collaborate in implementing an oral health care regimen. A hygienist must practice under a dentist’s general supervision unless she or he works in a public health facility. The law defines a public health facility as a hospital, nursing home, residential care home, home health care agency, outpatient surgical facility, school infirmary, mental health facility, among other institutions; community health center; group home; school, publicly operated preschool, and a head start center.

The bill permits an advanced practice dental hygienist (APDH)

working in a public health facility (defined the same way as under current law governing dental hygienists) in Bridgeport to, among other activities:

1. collaborate with the patient and a multidisciplinary health care team to formulate an individual care plan for a patient based on evidence-based standards of care and practice guidelines;
2. administer any kind of local anesthesia (it is not clear whether the APDH must complete the same course and clinical work as a dental hygienist must to administer local anesthesia);
3. diagnose and treat oral diseases within the APDH scope of practice;
4. provide diagnostic, educational, palliative, therapeutic, prescriptive, and minimally invasive restorative oral health services including: (a) preparing and restoring primary and permanent teeth using direct placement of appropriate dental materials, (b) temporarily placing crowns and restorations and placement of preformed crowns, (c) performing pulpotomies on primary teeth, (e) direct and indirect pulp capping in primary and permanent teeth, and (f) placing atraumatic temporary restorations;
5. prescribe, dispense, and administer analgesics (which include opioids), anti-inflammatories, and antibiotics within the parameters of a collaborative management agreement with a licensed dentist;
6. perform nonsurgical extractions on loose primary teeth;
7. place and remove sutures;
8. prevent or intercept potential orthodontic problems and parafunctional habits by early identification, space maintenance services (using a device to keep a space open if a child loses a primary tooth before the permanent tooth is ready to come in), and referral to other health care professionals;

9. provide temporary reparative services to patients with defective prosthetic appliances (e.g., bridges, crowns, implants, dentures, and partial dentures);
10. consult, collaborate, and coordinate care with other health care professionals; and
11. make referrals as needed for further dental procedures or other health care needs.

The bill specifies that it does not prohibit a licensed dentist from performing any of these activities.

### ***Collaborative Management Agreements***

Under the bill, an APDH must practice within a scope defined by a written collaborative agreement between the hygienist and a licensed dentist. The agreement must, at a minimum, include:

1. a description of the supervisory relationship between the APDH and the licensed dentist;
2. specific protocols for prescribing, administering, and dispensing medications, including, the types of medications covered and the conditions and circumstances under which they are to be prescribed, dispensed, and administered;
3. an emergency protocol that addresses (a) consultations with and transfer of patient care to a dentist or other health care provider, (b) the provision of emergency care, (c) how to disclose to the patient the relationship between the APDH and the collaborating dentist, and (d) ways to review patient outcomes.

The APDH must keep the agreement at the facility where he or she works and make it available to DSS and DPH upon request.

### ***APDH Education Requirements***

In order to participate in the pilot program, a dental hygienist must show DPH that he or she has a master's degree in advanced practice dental hygiene from a college or university that is accredited by the

Board of Governors of Higher Education. The master's program must include a curriculum that incorporates the American Dental Hygienists' Association's competencies for APDHs.

### ***Malpractice Insurance***

The bill requires an APDH who participates in the pilot program to carry the following minimum amounts of malpractice insurance: \$500,000 per person, per occurrence and \$1.5 million in aggregate. These are the current limits for all dental hygienists. It requires insurance companies to give DSS the names of any APDH whose malpractice policy it cancels or refuses to renew and the reasons for its decision.

### ***Evaluation***

The bill requires DSS and DPH to report on the pilot program's results by July 1, 2015. The report must contain recommendations (1) to expand the program and a timeline for doing so and (2) for policies and procedures to permit APDHs to perform the expanded scope of practice statewide.

## **BACKGROUND**

### ***American Dental Hygienists' Association Competencies***

The association's curriculum contains five domains in which APDHs must attain competency. These are (1) provision of primary oral healthcare, (2) healthcare policy and advocacy, (3) management of oral healthcare delivery, (4) translational research (using sound scientific methods and accessing evidence-based information when making decisions and providing patient care), and (5) professionalism. Each domain involves demonstrating competence in specific areas. The curriculum contains nearly 60 specific competencies.

### ***Special Act***

OLR does not analyze most special acts. But we are analyzing this bill, which would become a special act if enacted, because of the unique way in which it expands a health profession's scope of practice.

## **COMMITTEE ACTION**

Human Services Committee

Joint Favorable

Yea 11 Nay 5 (03/17/2011)